

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | S.S. | | 03-08-01 |
| O.I.P.E. CLASSIFIER | LC | 1019 | 4/21 |
| FORMALITY REVIEW | | | 05-03-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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NK 3/4/01